

Case Number:	CM13-0070047		
Date Assigned:	01/03/2014	Date of Injury:	06/23/2010
Decision Date:	04/11/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 31-year-old female who reported an injury on 06/23/2010. The mechanism of injury was a motor vehicle accident. The note dated 11/15/2013 indicated the patient has complaints of low back pain radiating to the right leg. The patient also had complaints of right knee pain, especially with climbing stairs and increased wrist pain with cold. The patient reported her low back pain at a 6/10 with rest and increased with standing. Upon examination, bilateral wrists had decreased range of motion. Tinel's and Phalen's were positive. Bilateral wrists were tender to palpation and muscle strength was 4/5. The lumbar spine had decreased range of motion. The lumbar spine was tender to palpation and the motor strength was 4/5. It was noted that an MRI of the lumbar spine was requested and the last MRI was from 2010.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

LUMBAR SPINE MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Low Back, MRIs.

Decision rationale: The request for a repeat MRI of the lumbar spine is non-certified. The California MTUS/ACOEM does not address repeat MRIs. However, the Official Disability Guidelines state that repeat MRIs are not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recent disc herniation). The records submitted for review indicated the patient's lumbar spine muscle strength was 4/5. The medical records submitted for review failed to include documentation of significant change in symptoms and/or findings suggestive of significant pathology such as tumor, infection, fracture, neurocompression, and recurrent disc herniation. In addition, the records submitted for review failed to include documentation of objective findings of significant neurological deficit to support an MRI of the lumbar spine. As such, the request for a repeat MRI of the lumbar spine is not supported. Therefore, the request is non-certified.